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SQUIRE, SANDERS & DEMPSEY L 14TH FLOOR 8000 TOWERS CRESCENT TYSONS CORNER, VA 22182



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/660,668	09/13/2000	Ari Hottinen	796.368USW1	7149
CITT C OF INITION TO		DATE TO DESCRIPT		

TITLE OF INVENTION: TRANSMISSION ANTENNA DIVERSITY

APPLN. TYPE SMALL EN  nonprovisional NO  EXAMINER  SMITH, SHEILA B  1. Change of correspondence address o CFR 1.363).  Change of correspondence address of CFR 1.363.  The correspondence address of CFR 1.363.  The correspondence address of CFR 1.363.  Address form PTO/SB/122) attached of TFC address indication (or "FCR PTO/SB/47; Rev 03-02 or more reconsumber is required.  3. ASSIGNEE NAME AND RESIDEN	s1400  ART UNIT  2617  or indication of "Fee Address" (37)  cess (or Change of Correspondence d.  ce Address" Indication form tent) attached. Use of a Custome of the Custo	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be	o 3 registered patent attorn vely, le firm (having as a memb agent) and the names of u trneys or agents. If no nam	ocr a 2 DEMPSEY	DATE DUE 11/30/2006  SANDERS & L.L.P.
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PLEASE NOTE: Unless an assigner recordation as set forth in 37 CFR 3.  (A) NAME OF ASSIGNEE  Nokia Corporation  Please check the appropriate assignee c	n	nee data will appear on the proposed a substitute for filing and (B) RESIDENCE: (CITY Espoo, Fir	atent. If an assignee is ideassignment.  Yand STATE OR COUNT aland 32 134.533	TRY)TDB GDCTDCB4 (	3 <b>366</b> (36) 1430-73 <b>C</b> T
4a. The following fee(s) are submitted:  State   State    Publication Fee (No small entity)  Advance Order - # of Copies  5. Change in Entity Status (from status)	discount permitted) 10 us indicated above)	4b. Payment of Fee(s): (Plea  A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	check No. 1.  The Check No. 1.	viously paid issue fee sh 5463 ached. reguined fee(s), any defi (enclose an	ciency, or credit any extra copy of this form).
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